

Cardroom Applicant Supplemental Information for State Gambling License

DGC-APP. 015A (Rev. 09/04)



DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL
(916) 263-3408
(916) 263-3403 facsimile

**CARDROOM APPLICANT
SUPPLEMENTAL INFORMATION FOR STATE GAMBLING LICENSE**

Instructions: Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with N/A (Not Applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) as each statement made is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

PLEASE SEND THE COMPLETED SUPPLEMENTAL INFORMATION ALONG WITH THE APPLICATION FOR STATE GAMBLING LICENSE, A \$500 NON-REFUNDABLE APPLICATION FEE, A \$5,000 DEPOSIT TO PAY THE ANTICIPATED INVESTIGATION AND PROCESSING COSTS, IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 19867, AND, IF APPROPRIATE, GAMBLING ESTABLISHMENT SUPPLEMENTAL INFORMATION FORM (DGC-APP. 015C (Rev. 09/04)) TO: California Gambling Control Commission, P.O. Box 526013, Sacramento, CA 95852-6013.

MUST BE COMPLETED BY SOLE PROPRIETORS, INDIVIDUALS WITH A PARTNERSHIP OR CORPORATE INTEREST, TRUSTEES, TRUSTORS, BENEFICIARIES, AND "OTHER" APPLICANTS.

PART I - PERSONAL HISTORY INFORMATION

A. PERSONAL

1. Full Name: _____
Last First Middle
2. Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise: _____

3. Date of Birth: _____ 4. Place of Birth: _____
City County State Country
5. Residence Address: _____
Street City County State Zip
6. Business/Employment Address: _____
Street City State Zip
7. Occupation: _____
8. Telephone: Residence: (_____) _____ Business: (_____) _____
9. Social Security Number*: _____

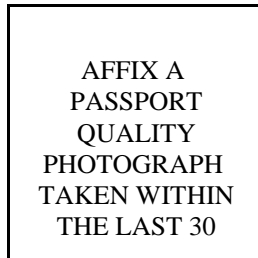
*Applicants are required to provide their social security number. This requirement is authorized by Business and Professions Code sections 19841 (a)(2), 19864(b)(6), and 19865. This information is used to obtain records relevant to background investigations.

10. Driver License/Identification Card No./State Issued: _____

11. Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____

12. Distinguishing marks (scars, tattoos, etc). Describe and indicate location: _____

13. Gender: ☐ Male ☐ Female



Date of Photograph _____

B. CITIZENSHIP (provide copy of resident alien card (front and back) or certificate of naturalization)

Are you a United States citizen? ☐ Yes ☐ No

If alien, Alien No.: _____

If naturalized: Certificate No.: _____

Alien No.: _____

Date Naturalized: _____

C. MARITAL STATUS

1. Current Marital Status:

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

2. Current Spouse Information:

Full Name: _____
Last First Middle Maiden

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____

Residence Address (if different from applicant): _____

Telephone: Residence: (____) _____ Business: (____) _____

Employer: _____ Occupation: _____

Address of Employer: _____
Street City State Zip

3. Former Marriage(s):

Name of Former Spouse(s) (Last, First, Middle, Maiden)	Dates of Marriage (From-To)	Telephone Number

D. **FAMILY**

1. Children and Dependents

Provide the following information for each of your children (including birth, step, adopted, and foster children) and other dependents.

Name (Last, First, Middle, Maiden)	Date of Birth	Residence Address	Relationship	Occupation

2. Co-habitants and Roommates

Provide the following information for any adults, not disclosed in question D1, with whom you reside.

Name (Last, First, Middle, Maiden)	Date of Birth	Employer/Occupation	Employer Address & Telephone	Relationship

3. Parents and Step-Parents

Provide the following information for your parents and step-parents. If retired, list last occupation, or if deceased, provide date of death and list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth/Death	Residence Address	Occupation
Father			
Mother			
Step-Father			
Step-Mother			

4. Brothers and Sisters

Provide the following information for your brothers and sisters. If retired, list last occupation, or if deceased, provide date of death and list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth/Death	Residence Address	Occupation

E. EDUCATION

Name of School		City & State	Dates of Attendance	Degree/Certificate Obtained
High School				
College/University				
Other				

F. MILITARY (include copy of DD214)

1. Have you ever served in any armed forces: ☐ Yes ☐ No

If Yes, Country Served: _____ Branch: _____

Dates of Service (From-To): _____ Type of Discharge: _____

Rank/Rating at Separation: _____ Serial Number: _____

2. While in the military service, were you ever convicted of any offense or formally disciplined: ☐ Yes ☐ No

If yes, provide complete details: _____

G. **RESIDENCE**

Beginning with your current residence, list all residences you have had for the last 10 years.

Month & Year (From-To)	Street	City	State	Zip	Rent/Own (check one)
					Rent ____ Own ____
					Rent ____ Own ____
					Rent ____ Own ____
					Rent ____ Own ____
					Rent ____ Own ____

H. **EMPLOYMENT**

Beginning with your current employment, list your work history, including all periods of unemployment for the past 10 years.

Month & Year (From-To)	Name/Mailing Address/Telephone Number of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ____ No ____

Month & Year (From-To)	Name/Mailing Address/Telephone Number of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ____ No ____

Month & Year (From-To)	Name/Mailing Address/Telephone Number of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related ? Yes ____ No ____

Month & Year (From-To)	Name/Mailing Address/Telephone Number of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	Gambling Related? Yes ____ No ____

I. BUSINESS INTERESTS

List all businesses, corporations, and partnerships with which you are currently or have been associated as an owner, officer, director, active shareholder, partner, or other related capacity for the past 10 years.

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

Dates of Involvement (From-To)	Name/Mailing Address/Telephone Number of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gambling Related? Yes _____ No _____

J. CONVICTION, LITIGATION AND ARBITRATION

1. Have you **ever** been convicted of a felony? (Convictions dismissed under Penal Code section 1203.4 must be disclosed, unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued.)
☐ Yes ☐ No
2. Have you **ever** engaged in any act involving dishonesty or moral turpitude charged or chargeable as a criminal offense? ☐ Yes ☐ No
3. Have you been convicted of a misdemeanor within the last 10 years? (Convictions dismissed under Penal Code section 1203.4 must be disclosed, unless an order sealing records under Penal Code section 1203.45 relating to persons under 18 years of age, has been issued.)
☐ Yes ☐ No
4. Have you **ever** engaged in bookmaking or other illegal gambling activities? ☐ Yes ☐ No

If Yes to J1-4, provide the following details:

Date	Arresting Agency Location - City & State	Original Charge	Final Charge (if amended or reduced)	Court Location - City, County & State	Case Number	Disposition

5. Have you **ever** been found guilty (criminal or administrative) of violating any campaign law(s)? ☐ Yes ☐ No
6. Are you currently on probation? ☐ Yes ☐ No
7. Has a criminal indictment, information, or complaint ever been returned against you which you have not included in J1-4 above? ☐ Yes ☐ No

If yes, provide complete details: _____

8. Have you received a pardon for any criminal offense? ☐ Yes ☐ No

If yes, provide complete details: _____

9. Have you **ever** had a civil or criminal record expunged or sealed by a court order? ☐ Yes ☐ No

If yes, provide complete details: _____

10. Have you **ever** been subpoenaed to appear or testify before a county, state, or federal grand jury, government board or commission? ☐ Yes ☐ No

If yes, provide complete details: _____

11. Have you, as an individual, member of a partnership, or shareholder, director, or officer of a corporation, been party to a lawsuit or arbitration within the last 10 years? ☐ Yes ☐ No

If your answer to J11 was Yes, provide the following details:

Name(s) of Plaintiff(s) & Defendant(s) Name(s) of Claimant(s) & Respondent(s)	Date Filed	State or Federal Court & Case Number	City, County & State	Disposition/Date
Brief Explanation of Issues:				
Brief Explanation of Issues:				
Brief Explanation of Issues:				
Brief Explanation of Issues:				
Brief Explanation of Issues:				

K. CHARACTER REFERENCES

List five individuals who you have known for at least five years. Do not include relatives, present employer, or your employees.

Name & Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					
Name	Business					
Occupation/Employer	Home					

L. LICENSING

1. Have you **ever** applied to a local government agency for a permit, badge, or license to own, operate, or work in a gambling establishment? ☐ Yes ☐ No

If your answer to L1 was Yes, provide the following details:

Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied	Dates Held or Reasons for Denial

2. Have you **ever** held a financial interest in a gambling venture, including, but not limited to: gambling establishment (cardroom), race track, race horse/dog, lottery, casino, bookmaking operation, pari-mutuel operation, or bingo parlor? ☐ Yes ☐ No

If your answer to L2 was Yes, provide the following details:

Name & Location of Business	Type of Venture	Dates of Involvement	Names of All Partners

3. Have you **ever** had a gambling registration, license, or related finding of suitability granted, denied, or revoked, or been a participant in any group which has been issued a gambling registration, license, or related finding of suitability in any state or a permit, badge, or license to own, operate, or work in a gambling establishment? ☐ Yes ☐ No

If your answer to L3 was Yes, provide the following details:

Government Agency	Type of Application	Permit/Badge/License Number	Approved/Denied Revoked	Dates Held or Denied or Revoked

If denied or revoked, provide reasons for denial or revocation: _____

4. Have you **ever** withdrawn an application for or surrendered a gambling registration, license, or related finding of suitability or been a participant in any group which has withdrawn an application for or surrendered a gambling registration, license, or related finding of suitability in any state? ☐ Yes ☐ No

If your answer to L4 was Yes, provide the following details:

Gambling Establishment Name & Address	Licensing Agency	Date & Reason(s) for Withdrawal

5. Do you have any relatives who are or have been associated with, employed in, or plan to be employed in the gambling industry?
☐ Yes ☐ No

If your answer to L5 was Yes, provide the following details:

Name	Job Title	Date	Name of Gambling Establishment

6. Have you **ever** applied for a privileged registration, professional license, certificate, or credential (other than gambling) in any state, including, but not limited to, the following: ☐ Yes ☐ No

Alcoholic Beverage License	Lawyer	Race Horse/Dog Owner	Securities Dealer
Real Estate Broker or Sales	Doctor	Notary Public	Contractor
Accountant	Boxing Promoter	Trainer or Manager	Pilot

If your answer to L6 was Yes, provide the following details:

Type of License	Licensing Agency	License Number	Approved/Denied	Dates Held or Reasons for Denial

7. Have any disciplinary actions **ever** been taken, or are any actions pending, against the aforementioned registration(s), license(s), certificate(s), credentials(s) and/or any gambling related permit(s), badge(s), registration(s), or license(s)? ☐ Yes ☐ No

If your answer to L7 was Yes, provide the following details:

Licensing Agency	License Number	Date of Action	Nature of Action (e.g., revocation, denial)	Disposition (e.g., revoked, fined, probation)

PART II - PERSONAL FINANCIAL INFORMATION

A. PERSONAL

1. Do you anticipate active participation in the management and operation of the gambling establishment? ☐ Yes ☐ No

If Yes, in what capacity: _____

2. Amount to be invested in the business: \$_____

Percentage of ownership this will represent: _____%

3. Identify the source of all monies used for your investment, include account numbers and institution names:

4. Has your interest in this gambling establishment been assigned or pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or in whole?
☐ Yes ☐ No

If Yes, provide complete details: _____

5. Have you **ever** filed bankruptcy? ☐ Yes ☐ No

If Yes, identify the Federal District Court where the bankruptcy was filed, case number, date filed and describe the circumstances which resulted in this action. Provide copies of your bankruptcy petition and order which lists all creditors and discharged debts.

6. Have any individuals or governmental agencies filed liens against you as an individual, sole proprietor, member of a partnership, or owner of a corporation? ☐ Yes ☐ No

If Yes, provide complete details: _____

7. Have you had any purchase repossessed or debt turned over to collection for any reason within the last 10 years?
☐ Yes ☐ No

If Yes, provide complete details: _____

8. Do you own or control any assets or liabilities located outside the United States? ☐ Yes ☐ No

If Yes, provide complete details: _____

9. Do you control or manage any assets or liabilities for another person or entity? ☐ Yes ☐ No

If Yes, provide complete details: _____

10. Do you hold in trust any assets for another person or entity? ☐ Yes ☐ No

If yes, provide complete details: _____

11. Has your state or federal income tax return ever been audited or adjusted? ☐ Yes ☐ No

If Yes, provide complete details: _____

12. Last federal income tax return was filed on _____ for the tax year 20 _____
Month/Year
at _____
City State

13. Last state income tax return was filed on _____ for the tax year 20 _____
Month/Year
at _____
City State

14. Do you have a safe deposit box or other such depository, access to any depository, or do you use any other person's depository?
☐ Yes ☐ No

If your answer to A14 was Yes, provide the following details:

Name of Box Owner	Box Number or Type of Depository	Location	City & State

B. GROSS ANNUAL HOUSEHOLD INCOME

Type of Income	Applicant	Other
Income/Wages		
Business Income		
Interest Income		
Dividend Income		
Rental Income		
Child Support		
Gifts		
Spousal Support/Alimony		
Other (Specify)		
Other (Specify)		
Other (Specify)		
TOTALS		

C. STATEMENT OF ASSETS As of: _____ 20____.

From the following Statement of Assets, list the total value of all assets, both tangible and intangible. All assets must be listed and described fully on the corresponding schedule.

Assets	Current Market Value
Cash (Total From Schedule "A")	
Accounts and Notes Receivable (Total From Schedule "B")	
Stocks and Bonds (Total From Schedule "C")	
Business Investments (Total From Schedule "D")	
Real Estate (Total From Schedule "E")	
Other Assets (Total From Schedule "F")	
TOTAL ASSETS	\$

D. STATEMENT OF LIABILITIES As of: _____ 20____.

From the following Statement of Liabilities, list the total of all liabilities. All liabilities must be listed and described fully on the corresponding schedule.

Liabilities	Present Balance
Accounts Payable (Total From Schedule "G")	
Taxes Payable (Total From Schedule "H")	
Notes Payable (Total From Schedule "I")	
Mortgages Payable (Total From Schedule "J")	
Contingent and Other Liabilities (Total From Schedule "K")	
TOTAL LIABILITIES	\$

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE DIVISION OF GAMBLING CONTROL.

STATEMENT OF ASSETS

SCHEDULE "A"

Cash

List all cash you have and where it is located, e.g., bank accounts (foreign and domestic), safe deposit boxes, home and office safes, etc.

Location of Cash (e.g., Name & Address of Bank)	Account No.	Type of Account	Date Opened	Names of Persons Who Have Signature Authority on Account	Date of Balance	Balance
					TOTAL \$	

SCHEDULE “B”
Accounts and Notes Receivable

Name & Address of Debtor	Date Acquired	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
						TOTAL \$	

STATEMENT OF ASSETS

SCHEDULE "C"
Stocks and Bonds

List all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc. held or controlled by you.

Issuer	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	No. of Shares or Units	Registered Owners	Date of Current Market Value	Current Market Value
					TOTAL \$	

STATEMENT OF ASSETS

SCHEDULE "D" Business Investments

List any business investments in which any direct, indirect, vested, or contingent interest is held by you, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest. This should include, but not be limited to, joint ventures, partnerships, sole proprietorships, and corporations.

Entity Name	Type of Equity	No. of Shares or Units	Percentage of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Name in Which Held	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
								TOTAL \$	

STATEMENT OF ASSETS

SCHEDULE "E"
Real Estate

List any real property in which you hold any direct, indirect, vested, or contingent interest.

Address/Location/Parcel Number	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Income (Rent/Lease)	Purchase Price	Date of Current Market Value	Current Market Value
</							

STATEMENT OF ASSETS

SCHEDULE "F"

Other Assets

List all other assets you hold (e.g., automobiles, jewelry, artwork, household furnishings, cash surrender value of life insurance policies, pension plans, etc.).

Type of Asset	Other Information (e.g., Year/Make/Model)	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
				TOTAL \$	

SCHEDULE "G"
Accounts Payable
(Revolving Accounts/Credit Cards)

Name & Address of Creditor	Account Number	Credit Limit	Monthly Payment	Interest Rate (%)	Date of Unpaid Balance	Unpaid Balance
					TOTAL \$	

STATEMENT OF LIABILITIES

SCHEDULE "H" Taxes Payable

List all unpaid and estimated taxes for which you are obligated.

Taxing Authority (e.g., State Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Original Amount	Fines, Penalties & Interest	Date of Unpaid Balance	Unpaid Balance
TOTAL \$						

STATEMENT OF LIABILITIES

SCHEDULE “T”
Notes Payable

List all notes payable for which you are obligated.

[illegible]

STATEMENT OF LIABILITIES

SCHEDULE "J" Mortgages Payable

List all mortgages or liens on real estate for which you are obligated.

Name & Address of Creditor Account Number	Address & Parcel Number of Real Estate	Collateral	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Loan Amount	Date of Unpaid Balance	Unpaid Balance

STATEMENT OF LIABILITIES

SCHEDULE "K" Contingent and Other Liabilities

List any other indebtedness or contingent liability for which you are obligated (e.g., spousal support/alimony, child support, co-signer on a loan, pending litigation, etc.).

Name & Address of Creditor	Description of Liability & Account Number	Collateral	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
							TOTAL \$	

DECLARATION

I, _____, declare that I have read the foregoing Cardroom Applicant - Individual Supplemental Information for State Gambling License and understand its contents. My statements are true and correct and contain a complete and true account of the information requested. I executed this declaration with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a state gambling license, finding or permit. I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 19800 et seq.), and the Regulations of the California Gambling Control Commission (California Code of Regulations, Title 4), and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11) as adopted and agree to abide by them.

I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall, or may have against the State of California and its agents, relating to this Cardroom Applicant - Individual Supplemental Information for State Gambling License.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true, correct, and complete.

Date: _____, 20____

Printed Name

Signature